



REFER TO
North Dakota Administrative Code
Chapter 4-07-03

1. Agency No./Position No.	2. Current Class Code & Title
3. Name of Incumbent	4. Recommended Class Code & Title
5. REASON FOR REQUEST (Check One) Attach a current Position Information Questionnaire - SFN 2572. <div> <input type="checkbox"/> NEW RESPONSIBILITIES ADDED TO EXISTING ORGANIZATION MISSION/PURPOSE AND ASSIGNED TO THIS POSITION. In space below, explain additional responsibilities assumed by the organization. Include source (legislation, Board or Commission action, federal regulation, etc.) Attach all related documentation providing more detail. </div> <div> <input type="checkbox"/> RESPONSIBILITIES REASSIGNED/CHANGED WITH NO SUBSTANTIAL CHANGE IN OVERALL ORGANIZATION MISSION/PURPOSE. In space below, specifically <u>identify</u> and <u>explain</u> extent of any <u>reassignment/change</u> in <u>level</u> of duties and responsibilities. Identify all other positions affected by this reassignment/change and submit a separate Position Information Questionnaire (SFN 2572) for each position affected. </div> <div> <input type="checkbox"/> POSITION HAS NOT BEEN REVIEWED FOR A PERIOD OF THREE YEARS. In space below, specifically identify and explain the changes which have occurred in the <u>level</u> of duties and responsibilities assigned to the position, where the duties originated, and other positions affected. </div> <div> <input type="checkbox"/> POSITION IS CLASSIFIED IN A CLASS OR CLASS SERIES WHICH HAS BEEN REVISED. In the space below, explain how the revision to the class or class series has affected the position. </div> <div> <input type="checkbox"/> POSITION IS VACANT, HAS NOT BEEN REVIEWED FOR SEVEN YEARS, and will be filled. In the space below, specifically identify and explain changes that may have occurred in the <u>level</u> of duties/responsibilities assigned to the position and how other positions may be affected. </div>	
6. CERTIFICATION: I certify that information provided above and on any attached and/or related Position Information Questionnaire is true, current, and accurate. Changed responsibilities were/will be affected on _____.	
<div> Certifying Signature of Agency Head or Designated Representative </div> <div> Date </div>	

Allocated to Class Code and Title:	
Signature	Date

Request to reconsider this classification allocation may be made within 15 working days of the date "mailed," using SFN 2585. Refer to: NORTH DAKOTA ADMINISTRATIVE CODE 4-07-03-11.

Send original to Human Resource Management Services (HRMS). Upon completion, HRMS will distribute one copy to the agency and one to the incumbent.